Migration of Indian Doctors to "foreign countries

@@*246-A. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased toatate: ' : (a) whether a large number of Indian Doctors continues to migrate to foreign countries to pursue ad vance studies/research and also for employment;

(b) if so, the number of such Doctors who left India, .in each of these categories, during last three years;

(c) the jiumber of Indian Doctors working in different Institutions in Europe and America'at present and the number out of the"m who have so far received international awards for their work; and

(d) whether any comprehensive plan is being initiated by Govern ment to dscourage our Doctors to go abroad and, if so, the details thereof?

THE MINISTER OF HEALTH .AND FAMILY WELFARE AND THE MINISTER OF CIVIL, AVIATION (SHRI MOTI LAL VORA): (a) and (b).No precise figures regarding migration of doctors to foreign countries are available.

,(c) No Information is available.

(d) No comprehensive plan has been initiated by Government in this direction. However, some of the' steps taken by the Government to discourage the migration of medical manpower to foreign countries are given in the statement laid on the Table of the Sakha.

Statement

The following steps have been taken to discourage the migration of medical manpower to foreign coun tries;

(i) Restrictions have been placed on medical graduates going abroad for higher education and training where such training facilities exist in the country. Doctors belonging to scarce categories are not sponsored for employment abroad.

(ii) Advance increments are granted to specially qualifier candidates on the recommendations of the State and Union Public Service Commissions.

(iii) Improvements in the. service conditions of doctors particularly those serving in rural areas are being brought about by the State Governments/Union Territory; Governments.

(iv) The Scientists Pool Scheme operated by CSIR provides tem porary placement to highly quali fied Indian Scientific and Technical Personnel including medical doc tors returning from foreign countires generally for two to three years.

(v) A scheme for supernumerary research cadre has been introduced by the Indian Council of Medical Research under which Scientists of outstanding merit, both medical and non-medical, working in countries outside India or in India and engaged in research in the field of Bio-medicine, whose work is adjudged to be of outstanding quality, can be offered temporary placement under the Council to enable them to return to India and to pursue research in their own speciality till such time as they are able to secure a regular position either in any of the Institutes of the Council or elsewhere.

(vi) The nationalised bankg also offer loans to enable the doctor to

@ ©Previously Starred Question 268 transferred from the 12th May, 1988.

establish clinics/nursing homes in rural areas and semi-urban, areas.

(vii) The Medical Council of India have made necessary changes - in. their regulations on Undergraduate medical education to secure the community orientation of medical education with emphasis on preventive, promotive, curative and rehabilitative aspects of health care services to attract a large number of doctors for service in the rural areas.

Site for Kota Open University

*247. SHI BHUVNESH CHATURVEDI: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state.-

(a) whether the site for Kota Open University in Rajasthan has been Anally selected; if so, the details thereof;

(b) if not, the reasons therefor; and

(c) the amount allotted for the construction of'the university campus during. 1988-89?

THE MINISTER. OF HUMAN RESOURCE DEVELOPMENT (SHRI P. V. NARASIMHA RAO); (a) According to information furnished by the Kota Open University, a. site of about 100 acres of land opposite the Engineering College in Kota has been earmarked for the University. '

(b) Does not arise.

(c) The Central Government, the University Grant$_s$ Commission or the Indira Gandhi National Open Univer sity have not sanctioned any funds to this University.

Stagnation; In the Air India's fleet

*248. SHRI KRISHNA KUMAR BIRLA: Will the Minister of CIVIL AVIATION be pleased to state;

(a) whether it is a fact that since 4980, A'r India's fleet practically remained stagnant with ageing aircraft which, on an average, are 6-9 years old, besides over 10 years old Jumbo jets requiring replacement;

(b)' if so, what is the total Air India fleet which requires replacement and what on an average, is $_5$ the annual expenditure on the main-tenace of old fleet;

(c) what is. the total cost involved in the replacement of the ageing air- *y* craft; an^

(d) what are the reasons for not taking timely steps to replace the old aircraft to avoid massive investment at a time besides huge expenditure on the maintenance of these aircraft and flying risks?

THE MINISTER OF HEALTH AND FAMILY WELFARE AND THE MINISTER OF CIVIL AVIATION (SHRI MOTILAL VORA): (a) Even though the numerical strength of the aircraft in the fleet of Air India has remained roughly constant since 1981, during - the period 1981-1988, Air India has acquired three A-300-B4 aircraft and six A-310-300 aircraft. Six old B707 aircraft have also been phased out. One B-747 aircraft, in replacement of 'Emperor Kanishka' which crashed in 1985 has also been inducted into the fleet.

(b) Replacement of aircraft in the ffeet of Air India is not absolutely necessary on airworthiness/safety $_T$ considerations as the aircraft are designed to provide continued airworthiness by suitable monitoring of the maintenance procedures. The ex- * penditure on maintenance during the years 1985-86 and 1986-87 wag Rs. 65.99 crores and 76.08 crores respectively.

(c) and (d) Operation of old air- -NI craft by Air India does not involve any flying risk since the aircraft are maintained according to the specifications of the airworthiness authorities which are modified, on a continuous basis. The aircraft have also been